



# Jump Start Registration

Please complete both sides & return to the school where your child will attend kindergarten. See [school directory for address](#). email [jumpstart@seattleschools.org](mailto:jumpstart@seattleschools.org) MS 31-588, Seattle Schools • PO Box 34165 • Seattle WA 98124

**School name:** \_\_\_\_\_

**Child's full name:** \_\_\_\_\_

**Name child likes to be called:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_ **Gender:**  M  F  Other \_\_\_\_\_

**Address and Zip Code:** \_\_\_\_\_

**Parent/Guardian name:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work or home phone:** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_

**Parent/Guardian name:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work or home phone:** \_\_\_\_\_

**Family's primary language:** \_\_\_\_\_

**Will child need interpretation?**  Yes  No

**Does your child have any siblings at school?**  Yes  No

**If yes, please list their name(s), grade(s) and teacher(s)**

\_\_\_\_\_

**Did your child attend preschool or childcare before kindergarten?**  Yes  No

**If yes, where?** \_\_\_\_\_

Preschool or Child care name

Address

City

**Indicate the number of hours each day your child is/was in preschool:**

**Mon** \_\_\_\_\_ **Tue** \_\_\_\_\_ **Wed** \_\_\_\_\_ **Thu** \_\_\_\_\_ **Fri** \_\_\_\_\_ **Sat** \_\_\_\_\_ **Sun** \_\_\_\_\_

**Emergency Contacts** (In addition to those listed above, please note people who would be willing to pick up your child in an emergency, if we could not reach you first.)

**1. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work or home phone:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Work or home phone:** \_\_\_\_\_

**Photo/Video Permission:** Do you give your permission for your child to be included in photos/videos of Jump Start for school use only?  Yes  No

# Health and Development Information

1.  Allergy/Anaphylaxis – Please attach the student’s individualized health plan (IHP) for their allergy.
  - a. What is the student allergic to? \_\_\_\_\_
  - b. Yes  No  Does the student have an epinephrine auto injector rescue prescription?
2.  Asthma with rescue medication (for example: rescue inhaler)
  - a. Yes  No  Does child use rescue inhaler routinely for asthma symptoms?
  - b. Yes  No  Has your child been hospitalized for asthma in the past year?
  - c. Yes  No  Has your child used steroids (prednisone) for asthma symptoms in the past year?
3.  Seizure Disorder – Please attach the student’s individualized health plan (IHP) for seizures.
  - a. Yes  No  My student needs emergency medication for seizures.  
Medication: \_\_\_\_\_
4.  Diabetes – Please attach student’s individualized health plan (IHP) for diabetes.
  - a. My student has:  insulin pump  insulin pen  injected insulin
5.  Other Health, Developmental or Behavioral information: \_\_\_\_\_  
 \_\_\_\_\_  
 a. IHP in place? Yes  No  Life threatening? Yes  No   
 b. Medications or treatments needed: \_\_\_\_\_  
 \_\_\_\_\_  
 c.  Individualized Education Plan (IEP)? Yes  No  504?  Yes  No  Please note any supports staff can provide in the next section (#7) below.
6.  **My student has no known health concerns**

7. Medications taken at school (daily, emergency, etc.)		Treatments performed at school (such as tube feedings, suctioning, toileting, VNS stimulator, etc.)	
Time	Medication, dose & route	Time	Treatment
<b>Specific supports we can provide for your child:</b>     			

Parent Signature: \_\_\_\_\_ Phone(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Phone(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Important: If your child has a serious health concern requiring medication at school**

we will need a written [Individual Health Plan](#) (IHP) and an [Authorization for Medication](#) on file at school prior to Jump Start. Without these, an adult family member will need to remain on-site during Jump Start in case of an emergency. Please call (206) 252-0750 (SPS Health Services) if your child needs an Individual Health Plan and we will assist you.